



INDIVIDUAL CONSUMER INVESTMENT FUND GUIDELINES AND APPLICATION

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Consumer Investment Fund Purpose and Guidelines

Purpose of Consumer Investment Fund (CIF):

The Council is committed to investing financial resources in people with disabilities and family members to further the agenda of creating inclusive communities throughout Indiana. Attendance and participation in various conferences and events is one avenue to achieve the larger goal of inclusion. To this end, the Council has created the Consumer Investment Fund. The Council expects a return on its investment. By completing and signing the purpose statement/agreement form in CIF application, you agree to perform certain activities that benefit others and promise to report on the outcomes of those activities.

General Information:

- The expenditure of funds for support to conferences is a privilege and deemed as an investment.
- **The Council reserves the right to deny any conference request, revise policies or further restrict funding when necessity dictates (e.g., moratorium placed on non-essential travel).**
- Requests for conferences in resort areas will be closely scrutinized. Conferences in Alaska, Hawaii, cruise ships, and outside the United States are prohibited.
- Requests are considered on a first-come, first-served basis. The total amount spent on any one conference is limited so it may be possible that your application cannot be funded if the limit has been reached.
- Arrangements (travel, lodging, registration) made by you are your responsibility if funding is not approved.

Eligibility:

- Applicants must reside in Indiana and be a person with a disability or family member.
- No more than two members of the same family will be eligible to receive funding support.
- Funds are limited to \$1,000 per person, per event.
- **Children are not eligible** unless conference materials clearly show that children are a part of the agenda.
- Professionals or high level agency employees who provide disability services are not eligible if the conference is work related.
- The CIF will support individuals to attend one non-Council event per calendar year. **Out-of-state conferences will only be allowed once every two years PER FAMILY. Resort areas are closely scrutinized.**
- If a conference sponsor has been approved for CIF support through an organization application, individuals must apply through the sponsor for scholarships.
- Because the Indiana Resource Center for Autism provides state-of-the-art autism information to Indiana residents through numerous educational opportunities, the only out-of-state autism conferences eligible for CIF funding are Defeat Autism Now (DAN and the National Autism Society of America) conferences.

Black Out Period:

- NO SCHOLARSHIPS will be approved during the 14 days prior to and the 14 days after the Council's annual conference.

Application Process:

- Applications must be received in the Council office at least 3 weeks prior to an in-state event and 5 weeks prior for an out-of-state event. **NO EXCEPTIONS.**
- Submit a completed application form, including a Purpose Statement and Agreement Form, and **attach a conference agenda, completed registration form, and itemized budget.**
- You are expected to pay one-half of your overall expenses as match unless you (not your child) are receiving SSI SSDI or TANF. If you receive SSI, NO MATCH is required. If you receive SSDI or TANF your food and mileage can be counted as your MATCH.
- Proof of SSI/SSDI/TANF is required if you are applying for greater than 50% funding.
- Advance funding is limited to individuals receiving SSI. **All funds WILL NOT be paid in advance.**
- Items not reimbursed, but eligible to be considered part of your match, include **lost wages**. If claiming lost wages, a paycheck stub must be submitted (please black out any private information, including your social security number). **Child care or PCA assistance is only covered for individuals receiving SSI, SSDI or TANF.** Others may use child care/PCA expenses as match

Approval /Reimbursement Process:

- Notification of approval or denial will be sent within 7 business days.
- If approved, in 10 business days you will receive an Outcome and Activities Report, claim vouchers, and instructions for reimbursement
- ALL ORIGINAL receipts, the claim voucher and initial Outcome and Activities Report MUST be submitted no later than 30 days after the event. **Claims submitted after 30 days ARE NOT eligible for reimbursement.**
- **Original receipts** or documentation for match money must be submitted with other receipts. Reimbursement will not be paid until match documentation is provided.
- After submitting all properly completed forms and receipts, your reimbursement will be mailed within ten business days.
- Reimbursement will be based on the lesser of the approved budget for each line item or the actual cost.

Items NOT Reimbursable and NOT Considered Match: *These items should not be included in your budget or reimbursement request.*

- Tips and gratuities
- Banquets, social outings, or other events with a separate fee that do not include a presentation or training (these are usually listed as optional on the conference registration form)
- Ground transportation, except to and from the airport
- Continuing Education Units (CEU's)
- Car rental if airfare is paid
- Mileage if car rental is paid
- Materials provided by conference at an extra cost (e.g., books, tapes, DVD, shirts, etc.)
- Phone calls or other items charged to your hotel room

Examples of Events Typically Eligible for Funding: *Please note that the Council reserves judgment on all requests.*

- Conferences and seminars which enhance knowledge about disability-related or community inclusion issues, or promote individual participation in the decisions which affect their lives.
- Participation in meetings of a service agency board, county council, advocacy agency, zoning board, or public hearing which further inclusive communities.
- Events that help further the Council's mission and the goals of the 5 Year State Plan.

Examples of Events Not Eligible for Funding:

- Therapy
- School/college courses
- Recreational programs or Summer camps
- Training focused on one family (i.e. Lovets, etc.)
- Job/personal training
- Events not compatible with the Council mission of community integration and inclusion, or are not focused on disability or policy issues that affect the disability community

Once the Council office accepts and approves an application it is sent to the Mental Health America of Indiana (MHA) who has a contract with the Council.

Within 10 business day, MHA will mail you an acceptance letter along with information and forms regarding the submission of receipts, Outcome and Activities Reports and claims for reimbursement.

Please review the sample application documents on pages 6-11 and the Application checklist, page 12 before filling out your application forms (pages 13-16)

Accountability and Outcome Activities

The Agreement Form and Purpose Statement that you sign as part of your application is your commitment to provide us with outcome information. This information is used to demonstrate the value of continued expenditures for the CIF Fund program. **The future of the program depends on your documentation of how you use the information you gain from the event to benefit yourself, your family, and the larger community.**

Outcome and Activities Report:

Important: Prior to being reimbursed, you must complete an initial Outcome and Activities Report detailing what you learned, have achieved so far and your plans. A second Outcome Report will be mailed no later than 6 months after the conference date to collect follow-up information on your success and on activities that were not yet completed when the original Outcome report was submitted. **You will not be eligible for future CIF funding if you do not complete the Outcome Report.**

Required Activities:

- Present about or share your newly acquired information with 2 groups/organizations.
- If requested, participate in a follow-up written or telephone survey on your outcomes.
- Complete 2 additional community outcome activities from the list below (select as part of the application)
 - 1. Conduct a disability awareness activity:** March is Disability Awareness Month in Indiana and the Council provides different activity packets with ideas on projects you can conduct. We have free posters and bookmarks as well as materials like the Power of Words, which has tips for writing about and interacting with people with disabilities. Most suggested activities can be conducted any time of the year. Call/e-mail the Council or, download activity packets from: <http://indianadisabilityawareness.org>
 - 2. Become an active participant in a local policymaking or advisory body** such as a Mayor's Council, or Parent Advisory Council. The purpose is to get involved on the local level. Depending on your community, there may be a transportation advisory committee or ADA committee that would meet these criteria.
 - 3. Perform a media watch** by responding to news coverage about disability issues through a letter to the editor expressing your opinion or to a reporter on whether people with disabilities were portrayed in a positive and accurate light. Send a letter to the reporter with a copy to the Council and enclose the Council's Power of Words brochure. For information on conducting a media watch go to: <http://indianadisabilityawareness.org>, click on activity packets and Cultivating Media Placement packet.
 - 4. Express your opinion about disability issues** to your legislator. Write a letter, email, or meet with one public or elected official or their staff, or testify at a legislative committee hearing regarding a disability related issue you care about. (Send a copy of the letter or description of the meeting with your outcome form) Note: For information about the issues, contact statewide and national organizations that send out legislative/policy related news (usually by e-mail). Go to the Council website <http://www.in.gov/gpcpd/> and click on the resources link to research issues or contact organizations.
 - 5. Express your opinion about state or local policy changes:** Many federal, state and local government agencies must solicit public opinion regularly as part of their planning process or when they make changes to their policies or programs. Provide feedback by sharing your opinion of their plan or policy. Write at least one letter or email. Send a copy of the letter with your outcome form. Note: For information about opportunities to provide input at public hearings, contact the local office of the agency you are interested in. Go to the Council website www.in.gov/gpcpd/ and click on the resources link to research issues or contact information for organizations.
 - 6. Sign up for the Council's Fifth Freedom Disability Network** to respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting a two-three local people with disabilities/ families that agree to respond to important, time sensitive information about statewide disability issues that need immediate advocacy action. If you select this option contact Doug Schmidt, ACT Team Coordinator, (260)426-8789, (866)441-2577, doug@fifthfreedom.org , For more information about Fifth freedom: www.fifthfreedom.org

Overview of Budget Rules, State Travel Guidelines and Other Information

Use the following guidelines in preparing your budget. See the sample budget on page 7 for additional information.

Mileage

- Mileage is calculated at a flat mileage rate: The current mileage rate is \$.44 per mile (max 2,000 miles). In all cases, state mileage charts determine vehicle mileage.
- If you receive SSDI or TANF, mileage and food per diem is used as your match and **CANNOT** be paid with CIF monies.

Meals

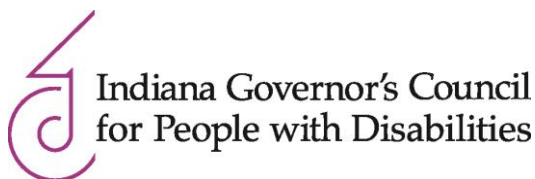
- No receipts are required for meals.
- Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13).
- Meals are \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16).
- Deductions are made for any meal provided by the conference.

Receipts

- Original receipt, invoices, or other documentation must be provided for hotel, airfare (boarding pass), parking, taxi, child/attendant care and MOST OTHER EXPENSES (including match).
- NO RECEIPTS are needed for food per diem and/or mileage (fixed rates).

Reimbursement Request

- **Additional reimbursement will not be paid if a line item exceeds the originally approved budget amount.**
- Monies received from other sources (ie. Family Involvement Fund etc.) MUST be recorded on the budget page and subtracted from the total cost of the conference before calculating the request
- Lost wages cannot be reimbursed but can be counted as MATCH.
- Reimbursements must be claimed within 30 days of the conference or event.



SAMPLE

**INDIVIDUAL CONSUMER
INVESTMENT FUND APPLICATION**

APPLICANT INFORMATION				
Name of Individual(s):	Sue Jones			
Title & Employer:	None			
Address:	100 N. Senate Ave.			
City / Zip:	Gary, IN 46200			
Daytime Phone:	219-555-5555			
Email:	sue@jones.com			
I receive:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input checked="" type="checkbox"/> NONE Only indicate benefits where you are the direct recipient. Do not indicate if you receive benefits on behalf of your child or dependent.			
Have you requested funds from another source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete:	Organization:	
			Amt. Requested:	
Is advanced funding being requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Advanced funding is only available for SSI recipients. Please complete the attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. Advanced funding requests are considered based on state travel rules.			
DEMOGRAPHIC INFORMATION				
I am (choose one):	<input type="checkbox"/> a person, <input checked="" type="checkbox"/> the family member of a person with (specify): Quadriplegia			
OPTIONAL I am (choose one):	<input type="checkbox"/> African-American, <input checked="" type="checkbox"/> Caucasian, <input type="checkbox"/> Hispanic/Latino, <input type="checkbox"/> Asian, <input type="checkbox"/> Other (specify):			
EVENT / ACTIVITY INFORMATION				
Title of event/activity:	Building Community Inclusion			
Event location (City/State):	Waterfront Hotel, Indianapolis, IN			
Dates:	From 2/15/200X to 2/16/200X			
Does the registration fee cover any meals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: Lunch on 2/15 and 2/16			
BUDGET SUMMARY				
Total Cost:	\$ 810.79			
Your Match Contribution:	\$ 405.39			
CIF Requested:	\$ 405.40			

BUDGET WORKSHEET

SAMPLE

Name(s):		Sue Jones		
Have you requested funds from another source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete:	Organization:	
			Amt. Requested:*	

***Funds requested from another source must be deducted from the total budget, please see below.**

DESCRIPTION	TOTAL	MATCH (50%)	CIF
CONFERENCE REGISTRATION	\$ 200.00	\$	\$ 200.00
LODGING Rate \$ 99.00 x 11.5 % tax = \$ 110.39 per day x # of days 2 = \$ 220.77	\$ 220.77	\$ 13.37	\$ 207.40
FOOD PER DIEM (match if receiving SSDI or TANF) Rate \$ 26 x # of days 2 = \$ 52 x # people 1 = \$ 52 Minus meals provided: 2 lunches @ 6.50 x 2 Total Deducted \$ 13.00 Total Allowance \$ 39.00	\$ 39.00	\$ 39.00	\$
AIRLINE Depart from what city:	\$	\$	\$
CHILD CARE/PCA (match unless receiving SSDI,SSI or TANF) \$ 30.00 per day x # of days 2 = \$ 60.00	\$ 60.00	\$ 60.00	\$
PARKING/TAXI/SHUTTLE (Describe)	\$	\$	\$
MILEAGE (match if receiving SSDI or TANF) RT mileage 105 X \$.44 = \$ 46.20	\$ 46.20	\$ 46.20	\$
Lost Wages 2 days lost wages (check stub enclosed)	\$ 248.82	\$ 248.82	
SUB TOTAL	\$		
SUBTOTAL MINUS FUNDS OBTAINED FROM OTHER SOURCE	\$0		
TOTAL	\$ 814.79	\$ 407.39	\$ 407.40

INDIVIDUAL CIF PURPOSE STATEMENT AND AGREEMENT FORM

SAMPLE

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

Purpose Statement: (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Attach an additional page if needed.**

I want to learn more about how to be a better advocate for my first grade child who is receiving special education. This conference will provide me with the information I need to insure that my child gets a good education.

I am part of a parent support group and will also be able to share the information I receive with teachers and other parents in my community to help their children

Agreement: The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in attending this event I, Sue Jones agree to:

1. Completing and submitting an initial outcome form with the claim voucher and receipts within 30 days.
2. Making a presentation / sharing information with two groups
3. Participate in survey if requested
4. Conduct 2 of the following 6 community activities: **Please check the two activities you agree to complete:**
(See descriptions on page 4)
 - ☐ Conduct a disability awareness activity
 - ☒ Become an active participant in a local policymaking or advisory body
 - ☐ Perform a media watch, by responding to news coverage about disability issues
 - ☐ Express your opinion to your state or local legislators related to disability issues
 - ☒ Express your opinion about state or local policy changes
 - ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

Sue Jones
Signature(s)

1/10/200X
Date



SAMPLE a blank form will be sent to you along with reimbursement info after the application is approved

Indiana Governor's Council
for People with Disabilities

INDIVIDUAL CONSUMER INVESTMENT FUND

OUTCOME AND ACTIVITIES REPORT

As part of an agreement to accept financial assistance from the Council to attend an event, this form must be completed and returned before a reimbursement check can be issued and no more than 30 days AFTER attending an event. Reimbursement MUST BE claimed within 30 days after the conference. You will receive another report form within 6 months to collect follow-up information on whether you achieved the outcomes you describe.

Send to: Josh Burris, Mental Health Association of Indiana/CIF, 1431 N Delaware Street, Indianapolis, IN 46202.

Name of Individual(s):	Sue Jones		
Title & Employer:	None		
Address:	100 N. Senate Ave.		
City / Zip:	Gary, IN 46200	County:	Lake
Daytime Phone:	219-555-5555	Best Time to Call:	10-2 pm
Email:	sue@jones.com		
I am (choose one):	<input type="checkbox"/> a person, <input checked="" type="checkbox"/> the family member of a person with (specify): Quadriplegia		
Title of event/activity:	Building Community Inclusion		
Event location (City/State):	Waterfront Hotel, Indianapolis, IN		
Dates:	From 2/15/200X to 2/16/200X		
Approved Budget Amount:	\$500.00		
Are you on the Council's mailing list to receive publications including the Spark newsletter, registration brochure for the annual conference and information on March Disability Awareness month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Not Satisfied	Does Not Apply	Comments
Application and directions:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timeliness of approval process:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information provided after approval:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance with travel arrangements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reimbursement/payment process:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I gained the following new information/skills:

I learned about what a good IEP meeting is and what preparation work I need to do ahead of time.

I learned about my rights and what to do if I am not satisfied with my child's education program

I will use my new skills/information to benefit me/ my family by:

Making sure that the next IEP is more effective. I will ask for my child to be evaluated for an assistive communication device. I will work more closely with my child's teacher to monitor my child's progress and make sure that the IEP is working.

Do you have any additional comments or suggestions for improvement in the Consumer Investment Fund?

It's a great program. I appreciate your assistance

ACTIVITIES OUTCOME REPORT **SAMPLE**

Describe what you have done to date and any plans for the future. If activities are not complete at the time you submit the initial form, a follow-up form will be sent within 6 months.

Please check the two community activities you agree to complete:

- ☐ Conduct a disability awareness activity
- ☒ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ☒ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

1. Required Presentations (2)

Description of presentations or plans to share information:

I was on the agenda for my parent support group meeting on March 26. I copied information on IEP meetings for them and talked about suggestions to improve the IEP meeting that I learned from the conference.

I plan to present information from the conference at my school's Parent Advisory Council meeting on April 15th

This activity has been ☐ completed ☒ not completed

Number of Hours Spent: **3**

2. Community Activity

Description of activity or plans to accomplish:

I plan to join my schools Parent Advisory Council to advocate for better attention to communication issues for children. I will apply for membership next fall when new applications are accepted. I attended the March 31st meeting as an observer.

This activity has been ☐ completed ☒ not completed

Number of Hours Spent: **3**

3. Second Community Activity

Description of activity or plans to accomplish

I met with Representative X from Evansville about my concern that the state's budget I also sent him a thank you letter re stating my concerns, which is attached.

This activity has been ☒ completed ☐ not completed

Number of Hours Spent: **4**

APPLICATION CHECKLIST

Applications will only be considered when ALL required information and forms are submitted.

Your completed application must include:

- ☐ **Proof of SSI/SSDI or TANF if requesting greater than 50% funding**
- ☐ **Conference Information**
Include a **completed registration form (showing registration fees)**, brochure, agenda and description of activities.
- ☐ **Individual Consumer Investment Fund Application**
All information must be received in COUNCIL office a minimum of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. NO EXCEPTIONS.
- ☐ **Individual CIF Purpose Statement and Agreement Form**
To be approved for funds, you must sign an agreement to share the information with others, and to participate in community activities. An OUTCOME REPORT will be required after the conference detailing your plans to fulfill the agreement.
- ☐ **Budget Worksheet**
Must be completed and include your matching contribution, the requested CIF amount, and any amount from any other source. You must include a paystub if you are counting lost wages toward your required match amount.
- ☐ **Advanced Funding Request Form** (if applicable) **Only for SSI recipients**

For questions, contact Martha Priddy at (317) 233-4551, mpriddy@gpcpd.org, or by fax (317) 233-3712.

Mail, fax or email completed applications to:

GCPD/CIF
ATTN: Martha Priddy
402 W Washington, Room E145
Indianapolis, IN 46204
(317) 233-3712 (fax)
mpriddy@gpcpd.org

**A completed conference
registration form and
brochure MUST be included
with your CIF request or your
application will be denied.**

INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

APPLICANT INFORMATION			
Name of Individual(s):			
Title & Employer:			
Address:			
City / Zip:			
Daytime Phone:			
Email:			
I receive:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> NONE Only indicate benefits where you are the direct recipient. Do not indicate if you receive benefits on behalf of your child or dependent.		
Have you requested funds from another source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete:	Organization:
			Amt. Requested:
Is advanced funding being requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No Advanced funding is only available for people receiving SSI Please complete the attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. Advanced funding requests are considered based on state travel rules.		
DEMOGRAPHIC INFORMATION			
I am (choose one):	<input type="checkbox"/> a person, <input type="checkbox"/> the family member of a person with (specify):		
OPTIONAL I am (choose one):	<input type="checkbox"/> African-American, <input type="checkbox"/> Caucasian, <input type="checkbox"/> Hispanic/Latino, <input type="checkbox"/> Asian, <input type="checkbox"/> Other (specify):		
EVENT / ACTIVITY INFORMATION			
Title of event/activity:			
Event location (City/State):			
Dates:	From	To:	
Does the registration fee cover any meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
BUDGET SUMMARY			
Total Cost:	\$		
Your Match Contribution:	\$ (50% unless SSI, SSDI, or TANF)		
CIF Requested:	\$ (Maximum \$1,000 per person)		
CONFERENCE REGISTRATION FORM			
Required Document	<input type="checkbox"/> A completed conference registration form & brochure (showing registration fees) is attached		

BUDGET WORKSHEET

See page 5 for information about travel reimbursement rules and budget guideline

Name(s):							
Have you requested funds from another source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 5px;">Organization:</td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Amt. Requested:*</td> <td style="height: 20px;"></td> </tr> </table>	Organization:		Amt. Requested:*	
	Organization:						
Amt. Requested:*							

*Funds requested from another source must be deducted from the total budget, please see below.

DESCRIPTION	TOTAL	MATCH (50%)	CIF
CONFERENCE REGISTRATION	\$	\$	\$
LODGING Rate \$ _____ x _____ % tax = \$ _____ per day x # of days _____ = \$ _____	\$	\$	\$
FOOD PER DIEM (match if receiving SSDI or TANF) Rate \$ _____ x # of days _____ = \$ _____ x # people _____ = \$ _____ Minus meals provided: Total Deducted \$ _____ Total Allowance \$ _____	\$	\$	\$
AIRLINE Depart from what city:	\$	\$	\$
CHILD CARE/PCA \$ _____ per day x # of days _____ = \$ _____	\$	\$	\$
PARKING/TAXI/SHUTTLE (Describe)	\$	\$	\$
MILEAGE (match if receiving SSDI or TANF) RT mileage _____ X \$.44 = \$ _____	\$	\$	\$
Lost Wages	\$	\$	
SUB TOTAL	\$		
SUBTOTAL MINUS			
FUNDS OBTAINED FROM OTHER SOURCE	\$		
TOTAL	\$	\$	\$

INDIVIDUAL CIF PURPOSE STATEMENT AND AGREEMENT FORM

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

Purpose Statement: (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Attach an additional page if needed.**

Agreement: The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to **complete the agreement below and return it with your application:**

In return for financial assistance in attending this event I, _____ agree to the required activities

1. Completing and submitting an initial outcome form with the claim voucher and receipts within 30 days.
2. Making a presentation / sharing information with two groups
3. Participate in a survey if requested
4. Conduct 2 of the following 6 community activities: **Please check the two activities you agree to complete:**
(See descriptions on page 4):
 - ☐ Conduct a disability awareness activity
 - ☐ Become an active participant in a local policymaking or advisory body
 - ☐ Perform a media watch, by responding to news coverage about disability issues
 - ☐ Express your opinion to your state or local legislators related to disability issues
 - ☐ Express your opinion about state or local policy changes
 - ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

Signature(s)

Date

CIF ADVANCED FUNDING REQUEST (SSI recipients only)

Instructions:

- **COMPLETE THIS FORM ONLY IF YOU RECEIVE SSI AND ARE REQUESTING ADVANCED FUNDING.**
- Requests must be confirmed ten days in advance of the date the check or APPROVED advanced payment is needed.
- Airfare cannot be paid in advance.

Please check each item for which you are requesting advanced funding (advance funding will not be considered if appropriate box is not checked). The actual amount and items that will be approved for advanced funding may differ from your request (**all expenses cannot be paid in advance**)

☐ HOTEL

Hotel name:		Hotel Phone:	
Dates of stay:		Confirmation Number:	
Conference Room rate*: (include room & tax)	\$		
*Needed so room rates plus tax can be verified and a check can be issued. Remember to take a credit card or extra cash for a deposit. An original receipt must be submitted to MHAI once you return.			

☐ REGISTRATION

Enclose a copy of the filled out registration form with the CIF application.

Send check to:	
	<i>Conference Sponsor</i>

☐ CAR RENTAL

Car rental is not available if you have airfare. Submit invoice or other document from the car rental company that shows the fee. **Receipt must be submitted once you return.**

Rental Company:			
Company Phone:	()	Contact Name:	
Travel Dates:		Travel Location:	
Fee:			

☐ FOOD ALLOWANCE - **ONLY individuals on SSI (SSDI and TANF match funds)**

Food allowance will be calculated based on state travel rules minus meals provided by conference sponsors. No receipts are needed.

Number of Days:		Meals provided by the conference (list):	
-----------------	--	---	--